DCFS Weekly Update From the State Office

Friday, August 25, 2000

Skills Tool Box

By Richard Anderson

A couple of weeks ago I was going through some boxes in my garage looking for something from the ancient past. While going through the boxes I ran across a recipe box full of 3x5 cards. I started to thumb through the box and realized these were cards I had kept for many years during a personal/professional time of growth and learning. Each card had a title at the top that referred to a skill or technique to be used in working with people in the professional setting. For example, one card said "Couples Communication." On the card was a picture of what was called an "awareness wheel." The wheel had five areas of communication ("sensing," "feeling," "doing," "thinking," and "being") to help both the speaker and the listener send and receive accurate information. (Some of you may remember this from the Minnesota Couples Communication Model.) I remembered that the reason for putting this box together was that I had been going to conferences and receiving mentoring that provided me with many new potential skills. I realized, back then, that these were not getting into my practice and that I would forget from time to time to use what I had learned. The recipe box and cards were a way for me to review what I had learned and remind me to use what I had been given.

The Child Welfare Policy and Practice Group (CWPPG) has provided a chart of the main skills that we have learned and will be learning during the basic practice model training. Some of your facilitators may have shown this to you or will in future training sessions. CWPPG had the skills on a flip chart at the last training. Grant Bartholomew of the Northern Region created an overhead from the flip chart rendition. I have attached a colored copy of Grant's overhead for your viewing (entitled, "skillchart.doc").

Family Teams

Our latest practice model training on teaming has an interesting shift it asks us to make. Think of the family as a team or network. Broaden the perspective on the family to the entirety of that team, including all the people seen as significant in the life of the family (grandparents, sisters, brothers, aunts, uncles, clergy, friends, work friends, neighbors, etc.). We now have a better context for understanding the family, finding resources, and understanding needs. I think that the issue of confidentiality has created a tradition wherein we keep the view of the family too narrow. We have been, and are appropriately still, concerned with giving out information about the family that could be detrimental. Our practice model now looks to the family being responsible for who they want to have the information about their situation and needs. This allows us to know of resources, strengths, and unmet needs of the entire network of the family.

I attended practice model training this week with a very astute group. They readily identified the concern that not all staff will feel prepared to facilitate family team meetings.

Family team meetings are a way to have this larger network come together to hear the family's story, offer support, and work toward a long-term resolution. The model of the family team meeting is presented in the training. Does this mean you should go out and start holding family team meetings with all your families? The answer is "Yes" and "No." If all your families can benefit from family team meetings and you are prepared to facilitate such meetings, then you will probably start doing so. If you feel you are not ready, begin learning how to facilitate family meetings by being a part of a Utah Family Conference facilitated by your region facilitators. This will provide a first-hand experience with this skill. Also, work on group facilitation skills (Midge and I plan on having at least one mini-session on these skills). When you feel you are ready, start with a family that you feel can succeed in this approach and ask someone to co-facilitate with you and give you feedback. The presentation of the family meeting in the training is to give all of us a model showing where our practice is heading. We have staff at all levels of knowledge and skill in this type of approach. If you are not prepared to provide family team meetings, learn how and begin practicing with someone who is skilled.

What is in it for you to get skilled at family conferences? You will find more people willing to help you do your work with the family. You may also see more rapid decision-making. You can also handle your own family and family reunions much better.

Federal Outcomes Data Charts

By Carol Miller

Last week, Ken said he would provide the federal data charts from his regional visits for all to see. These data charts are attached to this week's update for your review (entitled "Federal Outcomes FY98.doc"). It is interesting to note that DCFS was able to provide all requested information for the federal report card, while only about 26 states were able to report on some of these outcome measures. If you are interested in seeing the entire report, it is available at: http://www.acf.dhhs.gov/programs/cb/outcomes/childwelfare/index.html.

To Make Your Life Easier: Using SAFE Optimally

By Bob Lewis

Some offices are still keeping SCF cases open, even though the court has released custody and the foster care worker is no longer active on the case. The cases are being kept open, sometimes as long as two or three months, solely as a control to make sure the court document releasing state custody is received and filed in the paper record. This puts DCFS at risk for several reasons:

- It distorts our SCF caseload counts and other statistics.
- It creates overdue action items and additional administrative work, such as unnecessary documented exceptions.

- Most critically, it leaves DCFS vulnerable in that if one of these children should be re-abused and hurt, DCFS or the assigned worker could be blamed for not providing protection since we still have an open case.

SAFE provides a better way. Close SCF cases immediately after custody is released, then track the receipt of the court release documents by entering the dates that the documents were received into the closed SCF cases in SAFE. (Call the SAFE Help Desk for assistance in doing this.) Regional information analysts could periodically run lists of closed SCF cases lacking these entries, to guide any needed follow-up for these missing documents.

Prenatal to 5 Nurse Home Visiting Program

By Stephanie Robinson

Originally, the Infant Development Program entitled the "Prenatal to 5 Nurse Home Visiting Program" became a statewide program in July of 1998. At that time the Department of Health was inspired by the research of David Olds and his colleagues on the positive long-term effects of nurse home visitation on at-risk pregnant women. Subsequently, DCFS redirected some Maternal Child Health Block Grant funds to serve a wider group of at-risk families in Utah through local health department contracts. Many home visitation programs currently exist in Utah with an emphasis on special populations, such as abused children or children with known developmental delays. The Prenatal to 5 Nurse Home Visitation program is unique because it serves at-risk families with pregnant women and children five years old and younger for the purpose of supporting and educating families to provide a healthy start for their children.

Families enter the Prenatal to 5 Nurse Home Visiting Program *voluntarily*. Often they are referred to the local health department by hospitals, doctors, WIC clinics, schools, or other agencies. Anyone can call a local health department to make a referral for a home visit, including family, friends, neighbors, or even self-referrals. Many areas also screen the vital statistics records for risk factors and invite families into the program by this means.

Some of the risk factors that make a family eligible for services include:

- Mothers less than 18 years of age.
- A parent who lacks a high school education.
- Single mothers.
- Low birth weight infants (less than 5.5 pounds).

A nurse may decide to admit a family into the program if other risk factors are noted, such as parental mental illness, knowledge deficit, poverty, or unusual stress levels. Local health department public health nurses conduct the home visits. They offer parenting support and education, developmental and health assessments for the child, and referrals to needed services.

Research shows that home visits increase the use of preventive health care, promote school readiness, prevent child abuse, and, in the long-term, decrease teen delinquency and pregnancies (Juvenile Justice Bulletin, 1998). A recent statewide summary of the reports issued from Utah's local health department-conducted Prenatal to 5 Nurse Home Visiting Program demonstrates that the program is highly effective in meeting its goals. For example, the summary indicates that within six months of enrollment:

- Eighty-eight percent of children in need of special medical attention who were without a medical home obtained one.
- Ninety percent of uninsured children became insured.
- Eighty-eight percent of inadequately immunized children became adequately immunized.

Nurse home visits are available through all local health departments, except in Summit County, to promote healthy child and family outcomes. To make a referral, contact the appropriate local health department. For more information about home visiting services available through the Prenatal to 5 Nurse Home Visiting Program, contact Donna Smith, Home Visitation Nurse Consultant with the Utah Department of Health, at 801-538-9459.

U.S. Department of Health and Human Services
Administration for Children and Families

Child Welfare Outcomes 1998

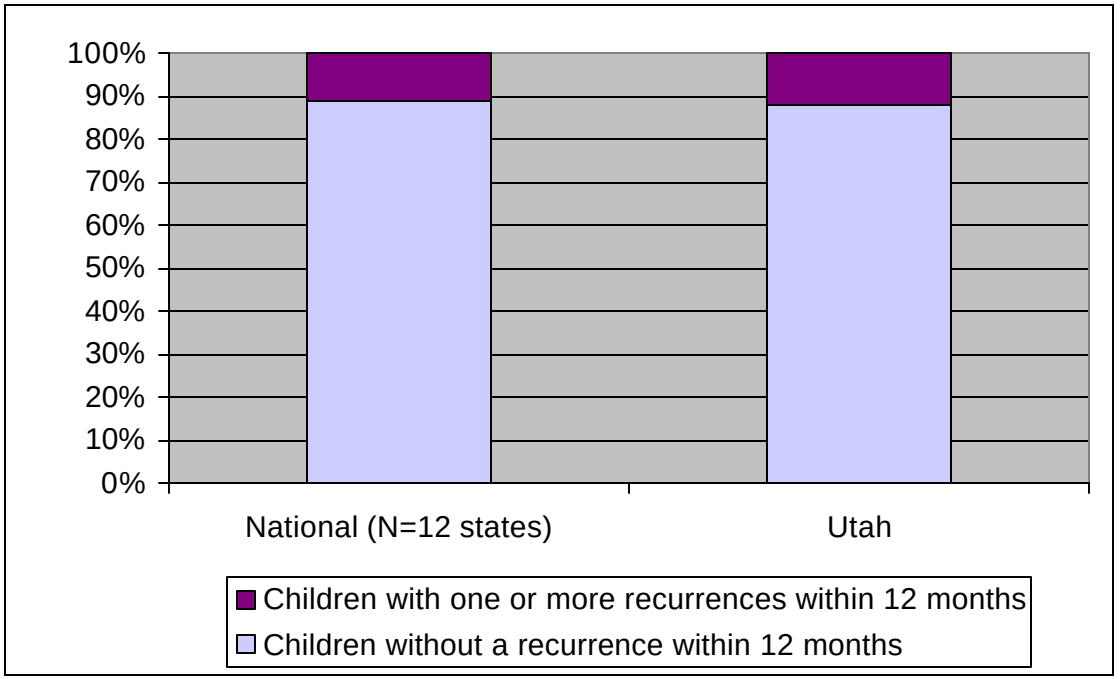
Overview of Child Maltreatment Data

		# of States Reporting	Count	Rate
National Data	Children Subject of Investigation	26	1,528,140	39 per 1,000
	Child Maltreatment Victims	27	485,870	12 per 1,000
	Child Fatalities	27	742	1.8 per 100,000
Utah Data	Children subject of investigation	N/A	27,219	40 per 1,000
	Child Maltreatment Victims	N/A	9,356	14 per 1,000
	Child Fatalities	N/A	7	1.0 per 100,000

Data are from the Federal Outcomes Report which uses states' NCANDS survey and data submissions. States can choose to answer the survey based on either fiscal year or calendar year. Utah reports NCANDS based on calendar year.

Recurrence of Maltreatment

	National (N=12 states)	Utah
Children without a recurrence within 12 months	89%	88%
Children with one or more recurrences within 12 months	11%	12%
Total	100%	100%
Number	160,745	7,865



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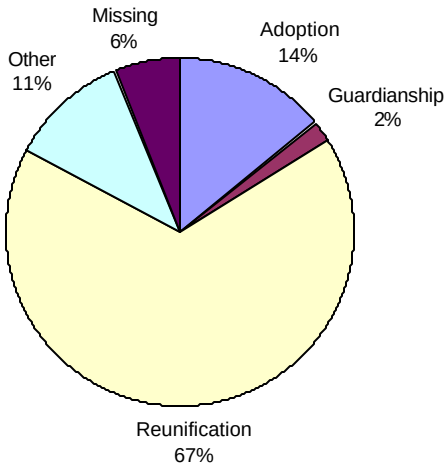
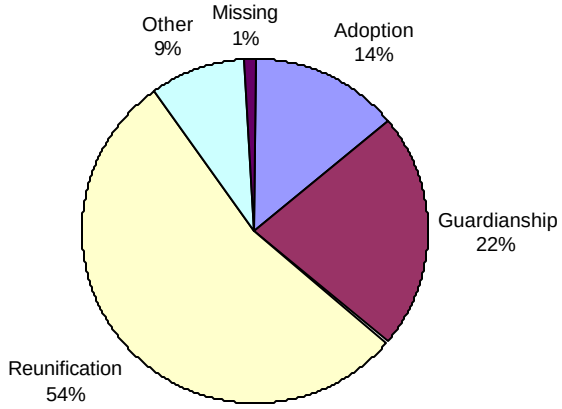
Exits From Foster Care FY98

	National	Utah
Adoption	14%	14%
Guardianship	2%	22%
Reunification	66%	54%
Other	11%	9%
Missing	6%	1%
Total	99%	100%
Number	130,696	1,956

National Data FY98



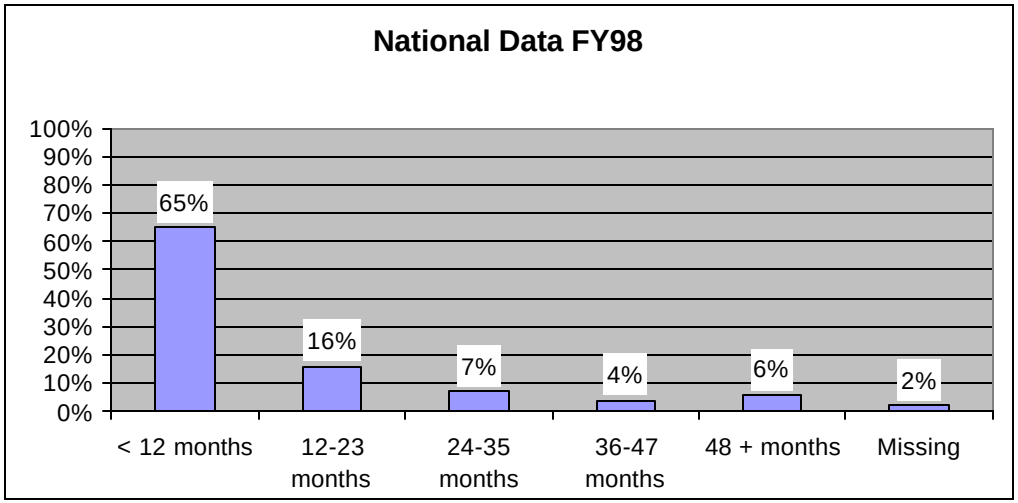
Utah Data FY98

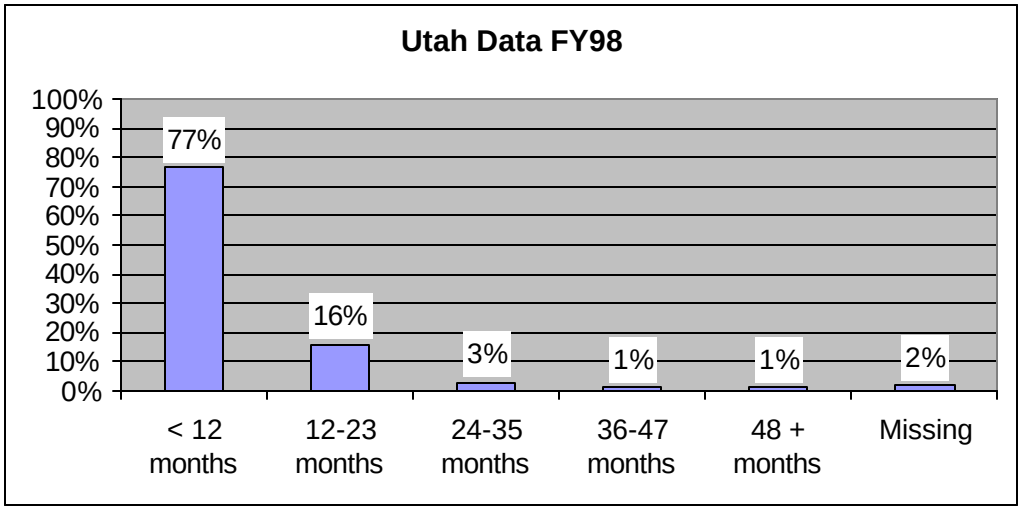


Data are from the Federal Outcomes Report which uses states' AFCARS submissions. Thirty states were included in the National Data.

Time to Reunification FY98

	National	Utah
< 12 months	65%	77%
12-23 months	16%	16%
24-35 months	7%	3%
36-47 months	4%	1%
48 + months	6%	1%
Missing	2%	2%
Total	100%	100%
Number	86,586	1,058

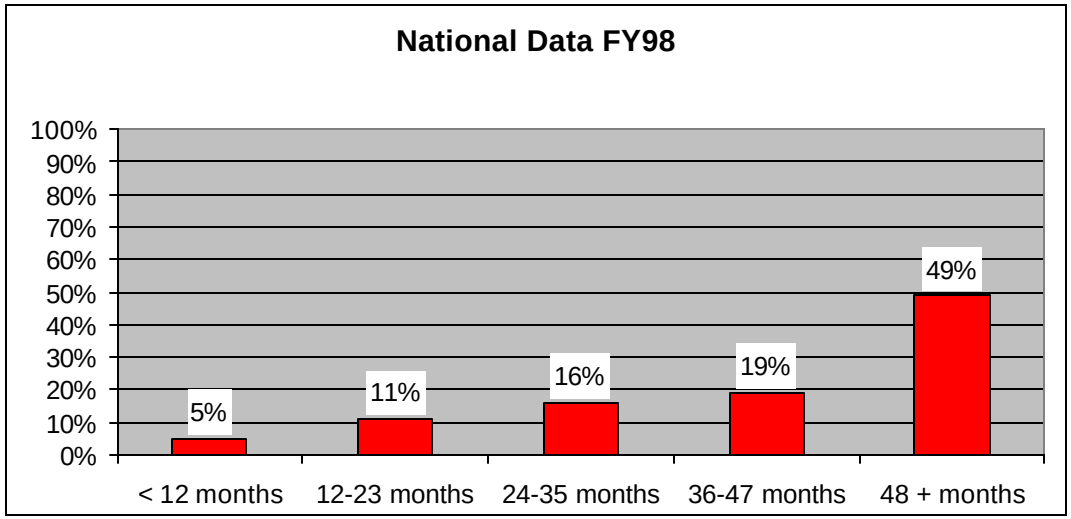


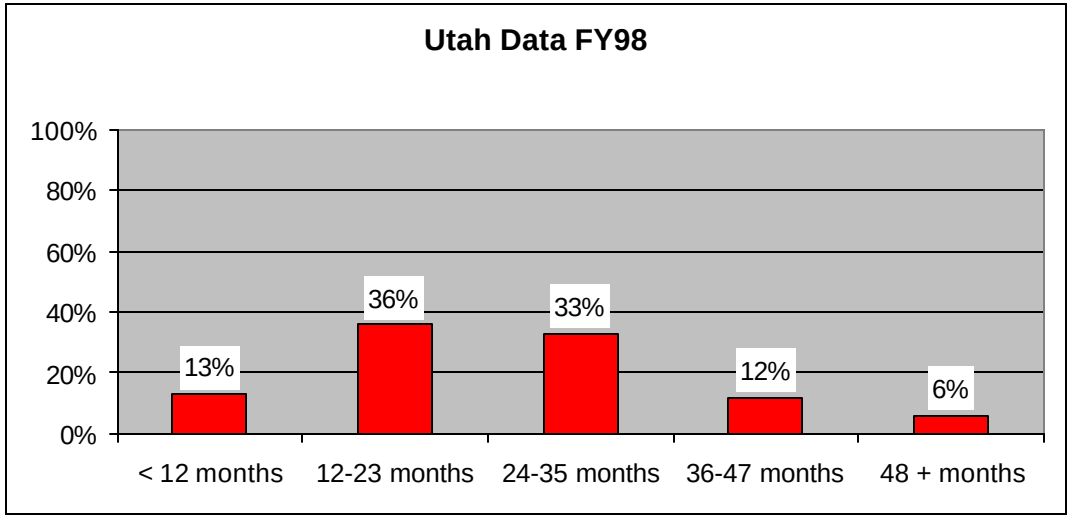


Data are from the Federal Outcomes Report which uses states' AFCARS submissions. Thirty states were included in the

Time to Adoption FY98

	National	Utah
< 12 months	5%	13%
12-23 months	11%	36%
24-35 months	16%	33%
36-47 months	19%	12%
48 + months	49%	6%
Total	100%	100%
Number	18,858	279



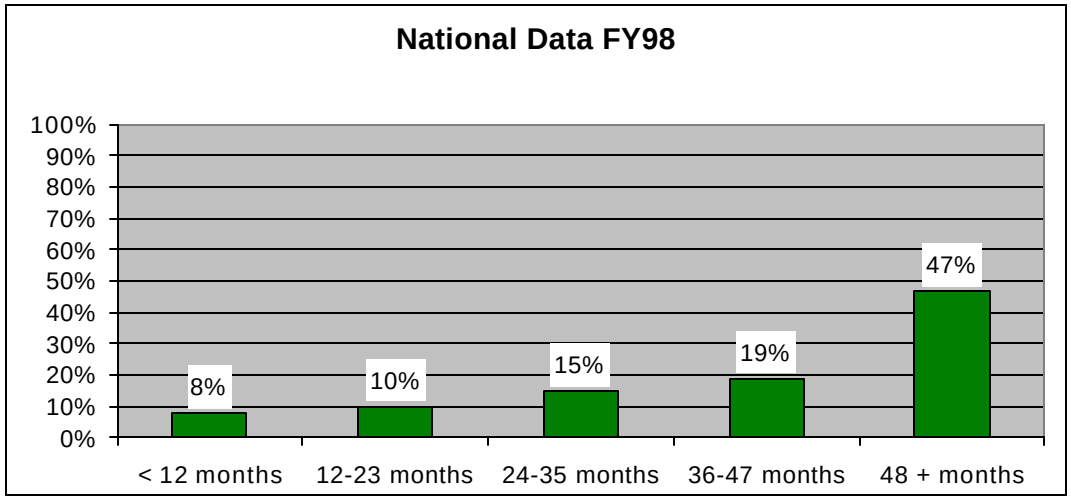


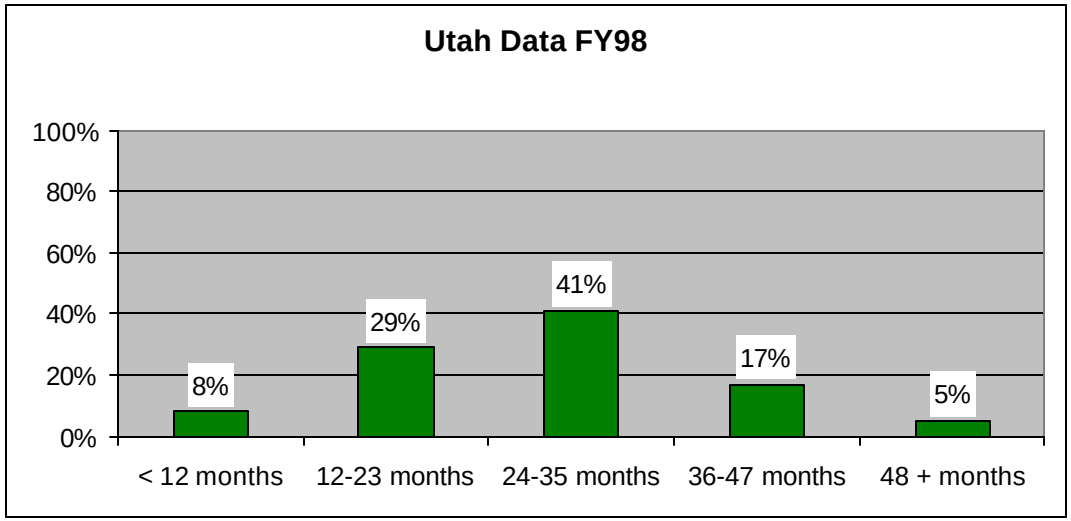
Data are from the Federal Outcomes Report which uses states' AFCARS submissions. Thirty states were included in the National Data.

Time to Adoption for Children Age 3 or Older at Entry FY98

	National	Utah
< 12 months	8%	8%
12-23 months	10%	29%
24-35 months	15%	41%
36-47 months	19%	17%
48 + months	47%	5%
Total	99%	100%
Number	6,965	156

Data are from the Federal Outcomes Report which uses states' AFCARS submissions. Thirty states were included in the National Data.





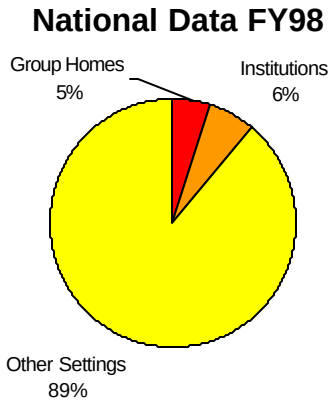
Number of Placements by Time in Care

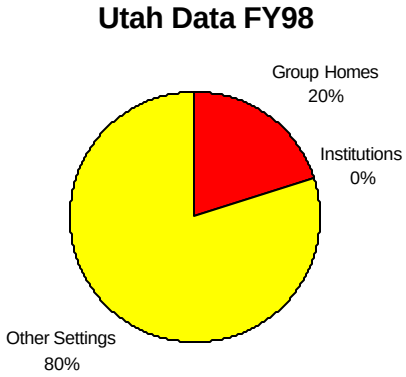
	National		Utah	
	Children with 2 or fewer placements	Children with 3 or more placements	Children with 2 or fewer placements	Children with 3 or more placements
< 12 months	81%	18%	44%	56%
12-23 months	60%	40%	23%	77%
24-35 months	52%	47%	24%	76%
36-47 months	48%	52%	34%	66%
48 + months	39%	61%	32%	68%

Data are from the Federal Outcomes Report which uses states' AFCARS submissions. Thirty states were included in the National Data.

Most Recent Placement Settings of Children Who Entered Care During FY98 and Were Age 12 or Younger at the Time

	National	Utah
Group Homes	5%	20%
Institutions	6%	0%
Other Settings	88%	80%
Total	99%	100%

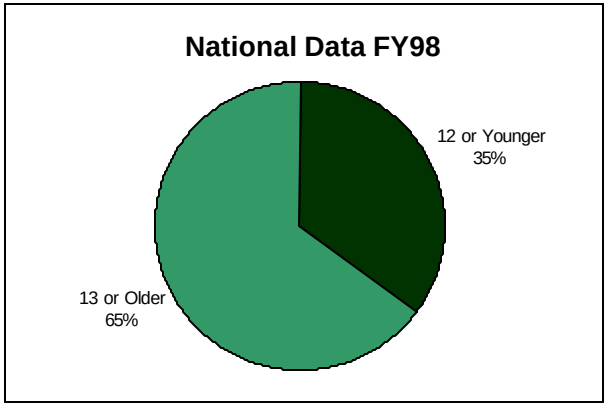


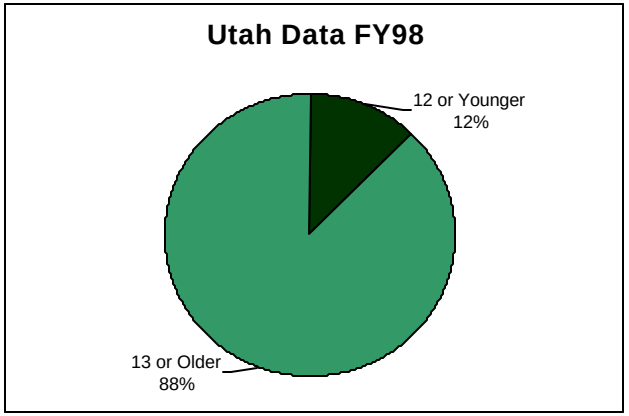


Data are from the Federal Outcomes Report which uses states' AFCARS submissions. Thirty states were included in the National Data.

Exits to Emancipation FY98

Age of Child at Entry	National	Utah
12 or Younger	35%	12%
13 or Older	65%	87%
Total	100%	100%
Number	7,725	109
Percent of All Exits	5.9%	5.5%





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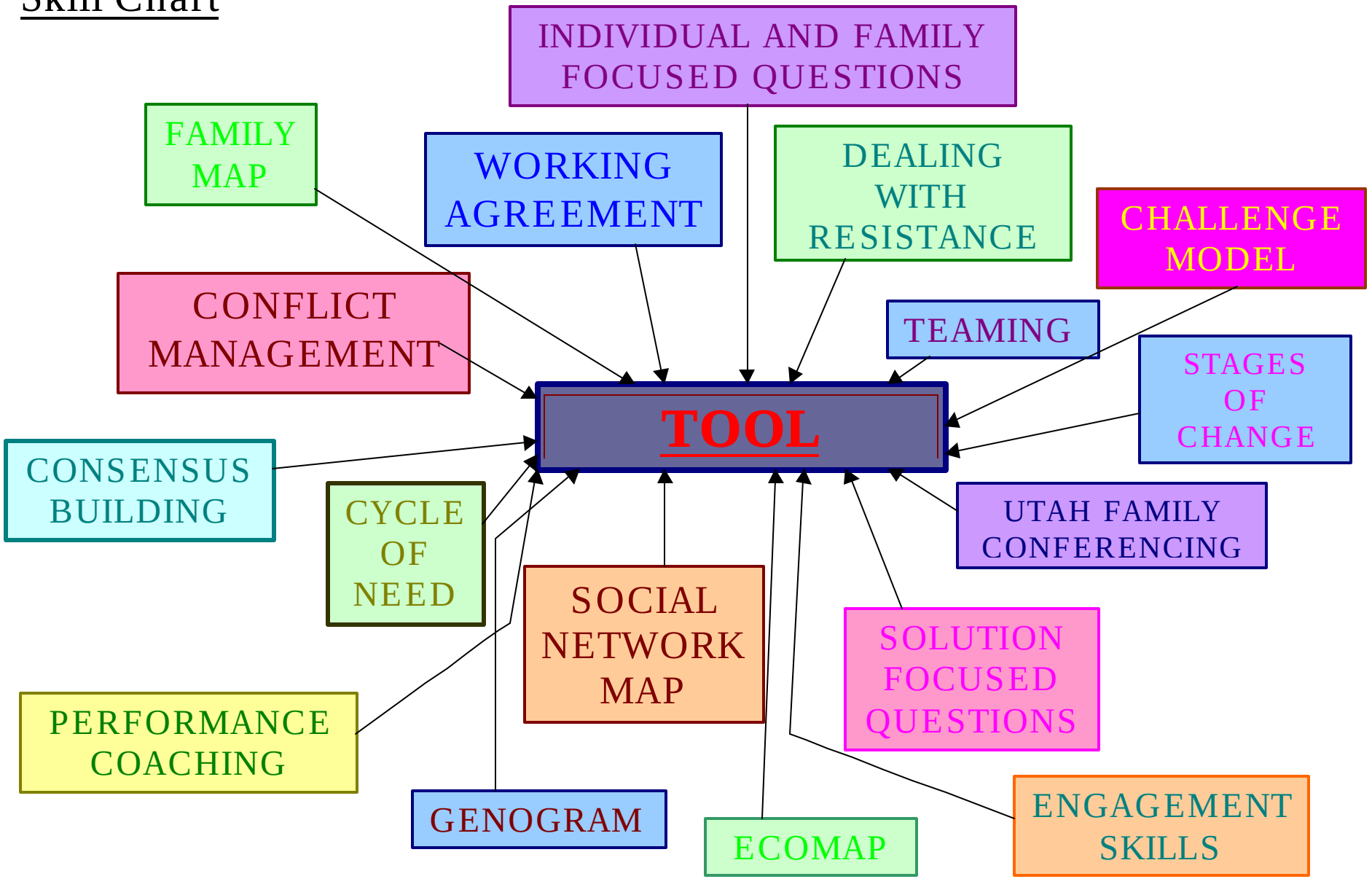
Skill Chart


INDIVIDUAL AND FAMILY FOCUSED QUESTIONS
FAMILY MAP
WORKING AGREEMENT
DEALING WITH RESISTANCE
CHALLENGE MODEL
CONFLICT MANAGEMENT
TEAMING
STAGES OF CHANGE
TOOL
CONSENSUS BUILDING
CYCLE OF NEED
UTAH FAMILY CONFERENCING
SOCIAL NETWORK MAP
SOLUTION FOCUSED QUESTIONS
PERFORMANCE COACHING
GENOGRAM
ECOMAP
ENGAGEMENT SKILLS